

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90038 027 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000095365**

1. Corporation Name  
**III GRACES & COMPANY, INC.**



Principal Place of Business 110 S COLLINS STREET PLANT CITY FL 33566	Mailing Address 4115 LONGFELLOW DR E PLANT CITY FL 33567
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/09/1998	
21 4115 Longfellow Dr. E.	26			4. FEI Number 59-3542802	
22 Plant City, FL	27			Applied For Not Applicable	
23 33567 Hillsborough	28			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	25			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29	30			8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WHEATON, MARTHA W**  
 110 S COLLINS STREET  
 PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name  
**Martha W. Wheaton**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4115 Longfellow Dr. E.**

83 **Plant City**

84 City **FL** 85 Zip Code **33567**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Martha W. Wheaton STD** **Martha W. Wheaton** **STD** **4/26/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARROLL, VIRGINIA L	
STREET ADDRESS	12710 N 52 STREET	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FYFE, LARA Q	
STREET ADDRESS	4115 LONGFELLOW DR E	
CITY-ST-ZIP	PLANT CITY-FL-33567	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WHEATON, MARTHA W	
STREET ADDRESS	4115 LONGFELLOW DR E	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Fred wheaton PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	4115 Longfellow Dr. E.	
1.3 STREET ADDRESS	Plant City, FL 33567	
1.4 CITY-ST-ZIP		
2.1 TITLE	Fred wheaton VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	4115 Longfellow Dr E	
2.3 STREET ADDRESS	Plant City, FL 33567	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Martha W. Wheaton, STD** **4/26/99** **(813) 659-2210**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)